



Application for Employment - Operatives

Position Applied For: _____

Personal Details:

Surname:

Forenames:

Home Address:

Telephone No:

Email:

Date Of Birth:

National Ins. No:

Nationality:

Do You Have A Current Holiday Pay Card:

Yes

No

Current Driving Licence:

Yes

No

Classes Covered:

Are You Registered Disabled?

Yes

No

Registered Disabled No:

Are You In A Private Pension Scheme?

Yes

No

Next Of Kin:

Relationship To Yourself:

Next Of Kin Address:

Next Of Kin Telephone No:

Details Of Previous Employment (Last 3 Employers)

Date From / To	Name & Address Of Employer	Position Held	Reason For Leaving	Manager / Supervisor Name
1.				
2.				
3.				

If Not Stated Above, Have You Worked For This Company Before? :

Yes

No

If Yes State From: _____ to _____

Location:

Do You Consent To References Being Taken From Previous Employers?

Yes

No

If No, Please State Reason:

Education					
Do You Have Any Of The Following Qualifications?	GCE	CSE	GCSE	A-Levels	Other
State Subjects & Grades:					
Any Other Qualifications:					
Training					
Completed YT Or ET Training?	Yes	No	Completed An Apprenticeship?	Yes	No
If Yes Give Details & Dates:			If Yes Give Details & Dates:		
Have You Completed Any CITB/EITB Training Courses?				Yes	No
If Yes Please Give Details And Dates Of Training Courses:					
Course			Date		
1.			1.		
2.			2.		
3.			3.		
Do You Hold A Current CITB/EITB Scaffolders Grade Card?				Yes	No
Card No:			Grade:		
Please Give Details Of Any Other Training (Eg Safety, Flt's, Transport, Etc.)					

Applicants Signature:	Date:
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Office Use Only			
Has Employment Been Offered?	Yes	No	If No – State Reason For Refusal
<i>If Yes Please Complete The Following:</i>			
Employment Offered:		<u>Bank Details</u>	
Temporary / Permanent		Bank/B.S. Name:	
Start Date:		Branch:	
Job Title:		Account Name:	
Location:		Account No:	
Hourly Rate:		B.S. Roll No:	
Bonus Rate:		Sort Code:	
Deductions (Eg Union):			
Holiday Pay Card Enclosed?	Yes	No	
P45 Enclosed?	Yes	No	
Terms And Conditions Of Employment (NAECI/NWR Or Other) Please State:			
Signature		Name	Date

Confidential Health Questionnaire

Name:	
Address:	
Telephone No:	
Age:	
Application For Employment As:	
Name And Address Of Doctor:	

General			
	Yes	No	If Yes Please Give Particulars
1. Do You Have Any Long Standing Medical Problems?			
2. Are You Receiving Any Treatment From Your Doctor At Present That Has Lasted For Four Weeks Or Longer?			
3. Do You Have A Disability?			
4. If You Answered Yes To Question 3, Are You Registered Disabled?			
5. Please Provide Your RDP Number:			
6. Are You Restricted For Medical Reasons From Carrying Out Any Specific Type Of Work (E.G. Working At Heights Etc)			
7. Have You Ever Been Refused Insurance On Medical Grounds?			

Specific			
Have You Ever Had Any Of The Following:			
	Yes	No	If Yes Please Give Particulars
8. Heart Trouble Or High/Low Blood Pressure?			
9. Fainting Attacks, Blackouts Or Fits?			
10. Sciatica, Lumbago Or Back Trouble?			
11. Any Serious Defect Of Vision In Either Eye?			
12. A Fear Of Heights?			
13. A Fear Of Confined Spaces?			
14. Skin Trouble Or Dermatitis?			

15. Diabetes?			
16. Deafness Or Discharge From The Ears?			
17. Chest Trouble, Asthma, Bronchitis Or Tb?			
18. Kidney Or Bladder Trouble?			
19. Rheumatism?			
20. Stomach Trouble Such As An Ulcer?			
21. Nervous Or Mental Trouble?			
22. An Illness That Necessitated Admission To Hospital?			
23. If Yes To No. 20, Are There Any Remaining Problems?			
24. A Chest X-Ray In The Las T Three Years?			

I Certify That The Information Given In This Form Is Complete And True To The Best Of My Knowledge.

Applicants Signature:	Date:

Please Note:

The Information Provided Will Be Treated In The Strictest Confidence And Not Disclosed Without Your Prior Written Consent.